

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12558

11983 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	G arrett		MARYLAND	STATE	Maryland
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL end give nearest town)		COUNTY
TOWN Oakland		10 days	TOWN Kensington		Montgomery
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
70 Garrett County Memorial Hospital			1403 Franklin Street		
3. NAME OF DECEASED (Type or Print)			4. DATE (Month) (Day) (Year)		
Rose Ann Maroney Coglan			December 29 1955		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months Days Hours Min.
F	W	W	July 27, 1876	79 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		
Housewife			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Michael Maroney			Keef, Bridget		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS	
(If Yes, give war or dates of service)				Bridget C. Maroney, Oakland, Md.	
18. MEDICAL CERTIFICATION					
<p>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Art. C. V. D.</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Limitis</u></p> <p>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <u>11/25</u>, 19 <u>55</u>, to <u>12-29</u>, 19 <u>55</u>, that I last saw the deceased alive on <u>12-29</u>, 19 <u>55</u>, and that death occurred at <u>11:00 AM</u> from the causes and on the date stated above.</p> <p>SIGNATURE <u>Thomas J. Lushy</u> M.D.</p> <p>ADDRESS (Street, city, town, state) <u>Oakland Md</u> DATE SIGNED <u>12/29/55</u></p> <p>23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u> DATE THEREOF <u>Dec 31-1955</u> NAME OF CEMETERY OR CREMATORIAL <u>Oakland</u> LOCATION (City, town, or county) <u>Oakland</u> (State) <u>Md</u></p> <p>24. REC'D BY REGISTRAR <u>Jan 1/56</u> REGISTRAR'S SIGNATURE <u>James Brown Jr</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emroy Borden</u> ADDRESS <u>Oakland Md</u></p>					

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A150-155 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

CERTIFICATE OF DEATH

11979
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
CITY G ARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN OAKLAND		LENGTH OF STAY (in this place) 17 hrs. 20 min.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 70 GARRETT COUNTY MEMORIAL HOSPITAL				X			
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
MARY ELEANOR HARVEY				DECEMBER 2 1955			
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
F	W	MARRIED	SEPTEMBER 3, 1878	77 yrs.	Months	Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
MERCHANT		STORE		NEW YORK		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
WILLIAM E. LANDON				SARAH ELLA DINTON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				JANE H. HUMBERTSON MT. LAKE PARK, MD.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
420.1		IMMEDIATE CAUSE (A)		Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		ANTECEDENT CAUSE(S) DUE TO (B)		Art. C. V. T. ?			
		DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Cerebral decompensation						49-53	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from....., 1949, to.....Dec 2, 1955, that I last saw the deceased alive on.....Dec 2, 1955, and that death occurred at 6:00 P.M. from the causes and on the date stated above.							
SIGNATURE <i>Thomas J. Cusby</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland, Md.</i> DATE SIGNED <i>12/3/55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)	
Burial		12/5/1955		Oakland Cemetery		Oakland, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 12/4/55		<i>Julia A. Rowan</i>		<i>Herbert C. Leighton</i>		Oakland, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12559

CERTIFICATE OF DEATH

11985

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Garrett CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Oakland		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Weeks Nursing Home		LENGTH OF STAY (in this place) 75 yrs.	
STREET ADDRESS Third Street		(If rural give location)	
3. NAME OF DECEASED (First) Edward (Middle) William (Last) Helbig		4. DATE (Month) (Day) (Year) Dec. 29, 1955	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 25, 1875
9. AGE last birthday 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Dairymen	11. KIND OF BUSINESS OR INDUSTRY Own Farm	12. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John Helbig	14. MOTHER'S MAIDEN NAME Mary Brinkman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS Donald E. Helbig Oakland, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Brandy pneumonia ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerosis CVD DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH 26 hrs		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1946 , to Dec. 29, 1955 , that I last saw the deceased alive on 29 Dec. 1955 , and that death occurred at 7:30 P.M. from the causes and on the date stated above.			
SIGNATURE <i>Ed. Helbig M</i>		ADDRESS (Street, city, town, state) Oakland Md	DATE SIGNED 30 Dec 55
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 1/2/56	NAME OF CEMETERY OR CREMATORIAL Catholic Church Cem.	LOCATION (City, town, or county) (State) Oakland, Md.
24. REC'D BY REGISTRAR DATE 11/1/58	REGISTRAR'S SIGNATURE <i>Julia A. Wong</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert C. Livingston</i>	ADDRESS Oakland, Md.

CHIEF STATE OF SOUTH

BUREAU V. S

JAN 9 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11980

11986 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY		MARYLAND		STATE	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		N. Carolina COUNTY	
TOWN		5 Weeks		Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS		
90 Evans Nursing Home			238 Cool Spring St.		
3. NAME OF DECEASED (Type or Print)			4. DATE (Month) (Day) (Year)		
William Frederick Janoske			Dec. 14, 1955		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months
Male	White	Widowed	Jan. 13, 1881	74 yrs.	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Lumber Dealer			Maryland		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Charles A. Janoske			Caroline Rose Shaffer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.		
(If Yes, give war or dates of service)			17. INFORMANT & ADDRESS		
no			Greeley Janoske Oakland, Md.		
18. MEDICAL CERTIFICATION					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
442X IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i>					
ANTECEDENT CAUSE(S) DUE TO <i>Cardio-vascular renal disease</i>					
DISEASES OR CONDITIONS, IF ANY, (B) <i>with edema</i> GIVING RISE TO THE ABOVE CAUSE DUE TO <i>?</i> STATING UNDERLYING CAUSE LAST. (C) <i>?</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		
21c. WHERE DID INJURY OCCUR? (City or town)			(County) (State)		
21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Dec. 13, 1955</i> to <i>Dec. 14, 1955</i> , that I last saw the deceased alive on <i>Dec. 13, 1955</i> , and that death occurred at <i>2:45A.M.</i> from the causes and on the date stated above.					
SIGNATURE <i>Walt Colandella</i> ADDRESS (Street, city, town, state) <i>Kingsmill</i> DATE SIGNED <i>Dec. 15-55</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			M.D. LOCATION (City, town, or county) Red House Cemetery Garrett Co., Md.		
DATE THEREOF 12/16/1955			NAME OF CEMETERY OR CREMATORIAL ADDRESS		
24. REC'D BY REGISTRAR DATE 1/16/55 <i>Julia Morgan</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herbert C. Dayton</i> Oakland, Md.		

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11981

CERTIFICATE OF DEATH

11987

Reg. Dist. No. 167

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR and give nearest town) X RURAL OAKLAND MD HOSPITAL OR INSTITUTION OR STREET ADDRESS MD		STATE MD COUNTY GARRETT. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD. STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) MAGNOLIA BALL KIGHT.		4. DATE OF DEATH DEC. 11 1955.	
S. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH OCT. 8-1879
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday 76 yrs.
13. FATHER'S NAME MAC FARLAND		11. BIRTHPLACE (State or foreign country) CALHOUN Co. W.VA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) 9		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME BROWNIE YOAK.	
17. INFORMANT & ADDRESS EDWARD KIGHT OAKLAND MD RT-2		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Coronary Occlusion ANTECEDENT CAUSE(S) DUE TO (B) Myocardial Heart Disease, Chronic DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) Arteriosclerosis STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH 6 days 3 yrs. 6 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION 11	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) 101 Third St, Oakland, Md. (County) 13 Dec 1955 (State)
21d. TIME OF INJURY (Month) 13 (Day) Sept. (Year) 1955 (Hour) 10:30 P.M.	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 13 Sept. 1955, to 11 Dec. 1955, that I last saw the deceased alive on 10 Dec. 1955, and that death occurred 10:30 P.M. from the causes and on the date stated above. SIGNATURE <i>Elmer C. Shaffer</i> ADDRESS (Street, city, town, state) M.D. 101 Third St, Oakland, Md. 13 Dec 1955 DATE SIGNED 13 Dec 1955			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF DEC-14-1955	NAME OF CEMETERY OR CREMATORIAL RED HOUSE CEMETERY	LOCATION (City, town, or county) RED HOUSE (State) MD.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE Elmer C. Shaffer	25. FUNERAL DIRECTOR'S SIGNATURE Emroy Bolden	ADDRESS OAKLAND MD
DATE 12/17/55			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

CERTIFICATE OF DEATH

11982

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT CITY (If outside corporate limits, write RURAL OR and give nearest town) KITZMILLER TOWN KITZMILLER HOSPITAL OR INSTITUTION OR STREET ADDRESS HAZEL STREET				2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY GARRETT CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town TOWN KITZMILLER STREET ADDRESS HAZEL STREET (If rural give location)			
3. NAME OF DECEASED (Type or Print) ANTONIO				4. DATE (Month) (Day) (Year) OF DEATH DEC. 20, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 15, 1883	9. AGE last birthday 72 yrs.	IF UNDER 1 YEAR Months 0 Deys 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired miner)				10b. KIND OF BUSINESS OR INDUSTRY Coal mines			
11. BIRTHPLACE (State or foreign country) Shadowa, Russia				12. CITIZEN OF WHAT COUNTRY? Russia			
13. FATHER'S NAME unknown				14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. 216-07-5265			
17. INFORMANT & ADDRESS U.M.W. of A. Records-Kitzmiller,				18. MEDICAL CERTIFICATION Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 442 IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i> ANTECEDENT CAUSE(S) DUE TO <i>Cards - Vascular and Dura</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>with edema</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>1 yr.</i> (C)				INTERVAL BETWEEN ONSET AND DEATH 2 days			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) Elk Garden (State) W. Va.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 11:15			
22. I hereby certify that I attended the deceased from Jan. 1954 to Dec. 20, 1955 , that I last saw the deceased alive on Dec. 20, 1955 , and that death occurred at 11:15 from the causes and on the date stated above.							
SIGNATURE Ralph Calbaugh M.D. ADDRESS (Street, city, town, state) Kitzmiller DATE SIGNED Dec. 20, 1955							
23. BURIAL, CREMATION, REMOVALS (SPECIFY) Burial		DATE THEREOF 12/24/55		NAME OF CEMETERY OR CREMATORIUM Kalbaugh Cemetery		LOCATION (City, town, or county) Elk Garden, W. Va. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE AM Barrick		25. FUNERAL DIRECTOR'S SIGNATURE Otto B. Blaine		ADDRESS Blaine, W. Va.	
DATE 12/24/55							

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

11983

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11989

Reg. Dist. No.

1. PLACE OF DEATH COUNTY GARRETT		2. USUAL RESIDENCE (HOME) OF DECEASED STATE PENNA.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FRIENDSVILLE		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FARMINGTON	
HOSPITAL OR INSTITUTION OR STREET ADDRESS RF 5 - WHITE Rock		STREET ADDRESS Rural - 2 miles east.	
3. NAME OF DECEASED (Type or print) KENNETH HUGH		4. DATE (Last) LOHR	
5. SEX Male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)		8. DATE OF BIRTH 1912	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE last birthday If under 1 year Months 43 yrs.	
10b. KIND OF BUSINESS INDUSTRY steel yard		11. BIRTHPLACE (State or foreign country) Randolph Co. W. Va.	
13. FATHER'S NAME Oscar Lohr		12. CITIZEN OF WHAT COUNTRY U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)		16. SOCIAL SECURITY No. 168-14-6770	
17. INFORMANT AND ADDRESS Oscar Lohr, Farmington, Pa.		18. MEDICAL CERTIFICATION Asphyxia - due to aspiration of stomach contents	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 921.9 Immediate cause		INTERVAL BETWEEN ONSET AND DEATH ?	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(a) Cerebral edema - marked		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input checked="" type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> SIGNATURE <i>Thomas J. Lohr</i> (Degree or title) ADDRESS Oakland, Md DATE SIGNED 3 Dec 55			
23. FUNERAL, CREMATION REMOVAL (Specify) Dec. 5/1955 -		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Sonsan Chapel - Farmington Pa	
DATE RECED BY LOCAL REG. Dec. 3 1955 - Mr Ruth Tracy Deputy		24. FUNERAL DIRECTOR ADDRESS Mr Rodakauer Macklebury Jr	

BUREAU V. S.

DEC 6 1955

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11984

11990

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN OAKLAND		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town) TOWN HUTTON		STREET ADDRESS (If rural give location)	
70 GARRETT COUNTY MEMORIAL HOSPITAL				1			
3. NAME OF DECEASED (First) SYLVESTER (Middle) JACOB (Last) MARKLEY				4. DATE (Month) (Day) (Year) DECEMBER 9, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED	8. DATE OF BIRTH SEPTEMBER 15, 1872	9. AGE last birthday 83 yrs.	IF UNDER 1 YEAR 2	IF UNDER 24 HRS. Months 2 Days 24 Hours 00 Min. 00	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOREMAN				10b. KIND OF BUSINESS OR INDUSTRY TANNERY		11. BIRTHPLACE (State or foreign country) Sang Run, Maryland	
13. FATHER'S NAME JACOB MARKLEY				14. MOTHER'S MAIDEN NAME SALLY FRIEND			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) 9				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS PAUL A. MARKLEY	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4908 IMMEDIATE CAUSE (A) Pneumonia, lobar				INTERVAL BETWEEN ONSET AND DEATH 1 wk			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Carcinoma of Prostate							
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) unknown							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. unknown							
19e. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) TERRA ALTA, W. VA.		(County) TERRA ALTA, W. VA. (State) W. VA.	
21d. TIME OF INJURY (Month) Dec. 9 (Day) 1955 (Year) 1955 (Hour) 6:00 PM		21e. INJURY OCCURRED M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? from the causes and on the date stated above.			
22. I hereby certify that I attended the deceased from Nov 6, 1955 to Dec. 9, 1955 , that I last saw the deceased alive on Dec. 9, 1955 , and that death occurred at 6:00 PM , from the causes and on the date stated above. SIGNATURE William Harriman Jr. M.D. ADDRESS (Street, city, town, state) TERRA ALTA, W. VA. DATE SIGNED 12/10/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF DEC. 12, 1955		NAME OF CEMETERY OR CREMATORIAL TAYLOR SINES		LOCATION (City, town, or county) near SANG RUN, MD. (State) MD.	
24. REC'D BY REGISTRAR 12/11/55 - Julia A Rowan				REGISTRAR'S SIGNATURE LL 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TERRA ALTA, W. VA.			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11991 CERTIFICATE OF DEATH

Reg. Dist. No. 11985
166

1. PLACE OF DEATH

COUNTY **GARRETT**
CITY (If outside corporate limits, write RURAL
OR give nearest town)
TOWN **OAKLAND**

MARYLAND

LENGTH OF STAY
(in this place)
13 HOURS.HOSPITAL OR
INSTITUTION OR
STREET ADDRESS
70 GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MARYLAND**
CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN **FRIENDSVILLE**
STREET
ADDRESS
(If rural give location)

3. NAME OF
DECEASED
(Type or Print)(First) **ROSIE** (Middle) **MAY**(Last) **MC CROBIE**4. DATE (Month) (Day) (Year)
DECEMBER 11, 19555. SEX **FEMALE**6. COLOR OR
RACE **WHITE**7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify) **MARRIED**8. DATE OF BIRTH
MAY 3, 18889. AGE last birthday
67
yrs.10. IF UNDER 1 YEAR
Months **0** Days **0** Hours **0** Min. **0**10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired) **HOUSEWIFE**10b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

SANG RUN, MARYLAND12. CITIZEN OF WHAT
COUNTRY?**U.S.A.**

13. FATHER'S NAME

STEPHEN DE WITT

14. MOTHER'S MAIDEN NAME

JENNIE RODEHEAVER15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) **no** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

MR. JOSEPH MC CROBIE, FRIENDSVILLE, MDINTERVAL BETWEEN
ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

468-2

IMMEDIATE CAUSE (A)

18. MEDICAL CERTIFICATION

Cardiac Failure - TerminalANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, (B)
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO
(C)**Lymphadenopathy. C.U.****10 weeks**II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(If either, notify MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
M. While at work Not while at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 Dec, 1955** to **11 Dec, 1955**, that I last saw the deceased
alive on **11 Dec, 1955**, and that death occurred at **2:28 P.M.** from the causes and on the date stated above.

SIGNATURE

J.S. Mance

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE

12/13/55 Julie A Rowan, Cemetery Manager, OAKLAND MD.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11986

11992 CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town)		Garrett MARYLAND TOWN Rural - Frostburg LENGTH OF STAY (in this place) life		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		Maryland COUNTY Garrett Rural - Frostburg (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural - Frostburg				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) JAMES RICHARD MC KENZIE				4. DATE OF DEATH Dec. 24, 1955			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower	8. DATE OF BIRTH 4-15-1871	9. AGE last birthday 84 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY own farmer		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Mc Kenzie				14. MOTHER'S MAIDEN NAME Fanny Christner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. none		17. INFORMANT & ADDRESS Clarence McKenzie, Frostburg, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) arterio - sclerotic cardio - ANTECEDENT CAUSE(S) DUE TO vascular disease DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 10 g.s.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. MEDICAL CERTIFICATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) Frostburg		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-1, 1955, to 12-24, 1955, that I last saw the deceased alive on 12-24, 1955, and that death occurred at 11:45 A.M. from the causes and on the date stated above. SIGNATURE H.C. Dickel ADDRESS (Street, city, town, state) Frostburg, Md. DATE SIGNED 12/25/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12-27-1955		NAME OF CEMETERY OR CREMATORIAL St. Ann's Cemetery		LOCATION (City, town, or county) Garrett County, Md. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE H. H. Haas		25. FUNERAL DIRECTOR'S SIGNATURE J. R. Durst, Frostburg, Md.		ADDRESS	
DATE 12-27-55							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

11993 CERTIFICATE OF DEATH

Reg. Dist. No. *166*

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	GARRETT	STATE	MARYLAND
CITY (If outside corporate limits, write RURAL or and give nearest town)	MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town)	GARRETT
TOWN	OAKLAND	OR TOWN	MT. LAKE PARK, MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS	GARRETT COUNTY MEMORIAL HOSPITAL		
70	(If rural give location)		
3. NAME OF DECEASED (Type or Print)	(First) EVA	(Middle)	(Last) MICKEY
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
FEMALE	WHITE	WIDOWED	9-9-1882
9. AGE last birthday	10. BIRTHPLACE (State or foreign country)	11. DATE (Month) 12	(Day) 5
IF UNDER 1 YEAR	Nelsonville, Ohio	(Year) 1955	IF UNDER 24 HRS.
Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank K. Boring		14. MOTHER'S MAIDEN NAME Addie Greathouse	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
		JOHN W. BORING, MT. LAKE PARK MD.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260x		IMMEDIATE CAUSE (A) <i>Acute Congestive Heart Failure</i>	
ANTECEDENT CAUSE(S) DUE TO		DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)		<i>Dr. Boring's mother</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> al work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 9 , 1954, to Dec. 5 , 1955, that I last saw the deceased alive on Dec 5 , 1955, and that death occurred at 8:50 PM , from the causes and on the date stated above.			
SIGNATURE <i>E. S. Boring, M.D.</i>		ADDRESS (Street, city, town, state) <i>3526 1/2 Bayard St, Oakland, Md.</i> DATE SIGNED <i>12/5/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/8/55 NAME OF CEMETERY OR CREMATORIAL Bayard LOCATION (City, town, or county) Bayard, W. Va. (State)	
24. REC'D BY REGISTRAR DATE 12/7/55		REGISTRAR'S SIGNATURE <i>Julia G. Rowan, L.R.</i> FUNERAL DIRECTOR'S SIGNATURE <i>Emroy Bolden</i> ADDRESS <i>Oakland, Md.</i>	

BY TREATING STATE CHAIRMAN

121
CERTIFICATE OF DEATH

DEATH CERTIFICATE NUMBER

STATE OF CALIFORNIA

BUREAU V. S

DEC 15 1955

RECEIVED

12/12/55 Bureau of Investigation

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10/M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12566

11994 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN		MARYLAND	STATE MARYLAND		COUNTY GARRETT
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give nearest town) TOWN		
70 GARRETT COUNTY MEMORIAL HOSP.		22 DAYS	CRELLIN		
STREET ADDRESS			(If rural give location)		
3. NAME OF DECEASED (First) MARTH (Type or Print) MARSHALL			(Middle) ELLA	(Last) MOATS	4. DATE OF DEATH DECEMBER 31, 1955.
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH MARCH 28, 1896	9. AGE last birthday 59 yrs.	IF UNDER 1 YEAR Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN MORGAN MOATS			14. MOTHER'S MAIDEN NAME ANNIE SHIPP		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS AMOS MOATS, CRELLIN, MARYLAND	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) <i>Cerebro-Vascular Accident</i> INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO ONSET AND DEATH DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-30</u> , 19 <u>55</u> , to <u>12-31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>55</u> , and that death occurred at <u>1:05 A.M.</u> from the causes and on the date stated above. SIGNATURE <i>Thomas J. Lundy</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland Rd</i> DATE SIGNED <i>12/31/55</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF JAN-2-1956	NAME OF CEMETERY OR CREMATORIAL AURORA CEMETERY	LOCATION (City, town, or county) AURORA W.VA.	
24. REC'D BY REGISTRAR DATE Jan 2/56		REGISTRAR'S SIGNATURE Jewell Brown F.R.	25. FUNERAL DIRECTOR'S SIGNATURE Emry Boldin OAKLAND MD.		

STATE DEPARTMENT OF HEALTH - BALTIMORE

CERTIFICATE OF DEATH

DEATH CERTIFICATE

DEATH CERTIFICATE NUMBER

DEATH CERTIFICATE

DEATH
NUMBER
123456

DEATH
NUMBER
123456

DEATH DATE

DEATH PLACE

DEATH DATE

DEATH PLACE

DEATH
NUMBER
123456

DEATH
NUMBER
123456

DEATH DATE

DEATH PLACE

BUREAU V. S

JAN 9 1985

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11988

11995

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH

COUNTY **Garrett**
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN **Bloomington**

MARYLAND

LENGTH OF STAY
 (in this place)
75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Maryland** COUNTY **Garrett**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Bloomington**

STREET
 ADDRESS (If rural give location)

3. NAME OF
 DECEASED
 (Type or Print)

(First) **Charles** (Middle) **Daley** (Last) **Moorehead**

4. DATE
 OF
 DEATH

Dec. 20 19**55**

IF UNDER 1 YEAR
 Months **75** Days Hours **00** Min. **00**

10e. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired) **Miner-retired**

10b. KIND OF BUSINESS
 OR INDUSTRY **Coal -**

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT
 COUNTRY?

U.S.

13. FATHER'S NAME

Robert Moorehead

14. MOTHER'S MAIDEN NAME

Mary Shanholtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no, or unk.) **No** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

236-03-3985

17. INFORMANT & ADDRESS

Bloomington

Mrs. Fannie Moorehead, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
481X

IMMEDIATE CAUSE (A)

DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. (C)

DUE TO

DISEASE OR CONDITION CAUSING DEATH.

Coronary Thrombosis

Syphilitic

INTERVAL BETWEEN
 ONSET AND DEATH

2 days

7 days

19e. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

2d. AUTOPSY?
 YES NO

21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While Not while
 at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from

12/20/55 19**55** to **12/20/55** 19**55**, that I last saw the deceased
 alive on **12/20/55**, 19**55**, and that death occurred at **6 a.m.** from the causes and on the date stated above.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE **12-20-55**

Dorsey Patterson **W. Ward Franklin** **Piedmont, W. Va.**

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11996

CERTIFICATE OF DEATH

12561

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY GARRETT STREET ADDRESS (If rural give location)	
X HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 GARRETT COUNTY MEMORIAL HOSPITAL				OAKLAND		112 LIBERTY STREET	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
JANE M. Edgar PECK				DECEMBER 23 1955			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH JULY 21, 1886	9. AGE last birthday 69 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				11. BIRTHPLACE (State or foreign country) MARYLAND			
13. FATHER'S NAME JOHN EDGAR				14. MOTHER'S MAIDEN NAME BOWMAN, SUSAN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS JOSEPH PECK, 112 LIBERTY ST, OAKLAND				18. MEDICAL CERTIFICATION Cerebral Thrombus INTERVAL BETWEEN ONSET AND DEATH 5 days			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)				Hypertension and Arteriosclerosis ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Year) (Hour) M. <input type="checkbox"/> et work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Dec 22 1955			
22. I hereby certify that I attended the deceased from Dec 22, 1955, to Dec 23, 1955, that I last saw the deceased alive on Dec 22, 1955, and that death occurred at 3:24 A.M., from the causes and on the date stated above.							
SIGNATURE S. J. Baumgartner				ADDRESS (Street, city, town, state) 25 Alder St., Oakland, Md.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				DATE THEREOF DEC 26-1955 JAYEYVILLE			
24. REC'D BY REGISTRAR DATE Dec 26/55				NAME OF CEMETERY OR CREMATORIAL REGISTRAR'S SIGNATURE Julia Rowan LP			
25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden				LOCATION (City, town, or county) (State) NEAR MCGHENRY. MD.			
ADDRESS OAKLAND MD.							

11997

11989

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 172

1. PLACE OF DEATH:

Garrett

COUNTY

MARYLAND

CITY (If outside corporate limits, write RURAL
OR ~~and nearest town~~
TOWN ~~Kitzmiller~~LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Potomac River Bank

2. USUAL RESIDENCE (HOME) OF DECEASED:

W.Va.

STATE

Mineral

COUNTY

CITY (If outside corporate limits write RURAL and give nearest town)
OR ~~and nearest town~~
TOWN ~~Potomac Manor~~STREET
ADDRESS

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First) CONSTANTINE
(Middle)

(Last) RAD

4. DATE
(Month) (Day) (Year)
OF
DEATH December 16 19555. SEX:
MALE6. COLOR OR
RACE: WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) WIDOWED8. DATE OF BIRTH:
MAY 21, 18879. AGE last birthday:
68IF UNDER 1 YEAR
Months Days Hours Min.
yrs.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even ~~if retired~~) Miner10b. KIND OF BUSINESS OR
INDUSTRY: Coal Mines11. BIRTHPLACE (State or foreign country):
Rumanian12. CITIZEN OF WHAT
COUNTRY? U.S.A.

13. FATHER'S NAME:

unknown

14. MOTHER'S MAIDEN NAME:

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) ~~no~~

16. SOCIAL SECURITY NO.: 234-03-1413

17. INFORMANT & ADDRESS:

United Mine Workers of A. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a)
DUE TO

Accident due to freezing.

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause
stating underlying cause last
DUE TO

Over exposure.

Acute alcoholism.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
of office, bldg., etc.,
INJURY RIVER BANK

21c. (City or town) (County)

(State)

Kitzmiller Garrett 11 Maryland

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY Dec. 16, 1955 M.21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

Fell and froze to death from exposure

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Dawn J. Smith

CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
12/19/5523. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE THEREOF 12/22/55 NAME OF CEMETERY OR CREMATORIAL
T.O.O.F. CemeteryLOCATION (City, town, or county) (State)
Elk Garden, Mineral, W. Va.DATE REC'D BY LOCAL
REG.

REG. 12/22/55 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Blaine, W. Va.

BUREAU V. S.

DEC 29 1955

RECEIVED

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11998 CERTIFICATE OF DEATH

11990
166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Allegany	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)		(If rural give location)	
X TOWN Oakland		2 weeks		TOWN Cumberland		STREET ADDRESS 632 Fayette St.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home				90			
3. NAME OF DECEASED (Type or Print) MARY ANN RIZER				4. DATE (Month) (Day) (Year) Dec. 5, 1955			
S. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH July 3, 1880	9. AGE last birthday 75	IF UNDER 1 YEAR Months 0 Deys 0 Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? USA
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				11. BIRTHPLACE (State or foreign country) Frostburg, Md.			
13. FATHER'S NAME Frederick Rowe				14. MOTHER'S MAIDEN NAME Sarah Evans			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. None			
17. INFORMANT & ADDRESS Harry F. Rizer, Cumberland, Md.				18. MEDICAL CERTIFICATION Acute Gastrothec			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 537X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)				INTERVAL BETWEEN ONSET AND DEATH 500,2			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arthrosclerosis							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.				21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 23, 1955 , to Dec 5, 1955 , that I last saw the deceased alive on Dec 4, 1955 , and that death occurred at M. from the causes and on the date stated above. SIGNATURE John B. Brum father M. D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				DATE THEREOF Dec. 7, 1955 NAME OF CEMETERY OR CREMATORIAL Hill Crest Cemetery LOCATION (City, town, or county) Cumberland, Md. (State)			
24. REC'D BY REGISTRAR Julia Rowan LP				REGISTRAR'S SIGNATURE DATE 12/6/55 FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE 12/6/55				William H. Kight, Cumberland, Md.			

11

DEC 15 1955

DEGEIYE

It would be a nice

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12581

166

11999 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY		MARYLAND		STATE	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Mt. Lake Park</i>		1 month		OR TOWN <i>Cumberland</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>90 Kiser Nursing Home</i>		STREET ADDRESS <i>505 Central Ave</i>		(If rural give location)	
3. NAME OF DECEASED (Type or Print)			4. DATE (Month) OF DEATH		
<i>Eleanor K SENKBEIL</i>			Dec 28 1955		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Marr.</i>	8. DATE OF BIRTH <i>2/12/1890</i>	9. AGE last birthday <i>65 yrs.</i>	IF UNDER 1 YEAR Months DAYS Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Henry Smith</i>			14. MOTHER'S MAIDEN NAME <i>Emma Hamm</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>270</i>			16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT & ADDRESS <i>Albertus Senkbeil - Cumberland</i>	
18. MEDICAL CERTIFICATION <i>Heart Failure</i>					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>260X</i>					
IMMEDIATE CAUSE (A) <i>Heart Failure</i>					
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____					
INTERVAL BETWEEN ONSET AND DEATH <i>Two Hours</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Diabetes Mellitus</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Oakland, Md</i> (State) <i>Md</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <i>11/30 1955</i>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/30 1955</i> to <i>12/28 1955</i> , that I last saw the deceased alive on <i>12/23 1955</i> , and that death occurred at <i>11A.M.</i> from the causes and on the date stated above.					
SIGNATURE <i>Thomas J. Gushy</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland, Md</i> DATE SIGNED <i>12/28/55</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>12/31/55</i>		NAME OF CEMETERY OR CREMATORIAL <i>Trinity Lutheran</i>	
24. REC'D BY REGISTRAR DATE <i>12/31/55</i>		REGISTRAR'S SIGNATURE <i>John A. Rowan Jr.</i>		LOCATION (City, town, or county) <i>Cumberland, Md</i> (State) <i>Md</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, <i>Louis Stein, Inc.</i>		REGISTRAR'S SIGNATURE <i>John A. Rowan Jr.</i>		LOCATION (City, town, or county) <i>Cumberland</i> (State) <i>Md</i>	

ST. BROMITIAS—MANITO WATERS STATE PARK

BUTTERFIELD & S.

REGELAED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11991

166

12000

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN **OAKLAND**
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

MARYLAND

LENGTH OF STAY
(in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **MD**
 COUNTY **GARRETT**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **OAKLAND**
 STREET
 ADDRESS

(If rural give location)

3. NAME OF

(First)

(Middle)

(Last)

DECEASED
(Type or Print)**ROBERT****ELMER****SHAFFER**4. DATE (Month)
OF DEATH**DEC.****9****1955**

5. SEX

6. COLOR OR
RACE10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)10b. KIND OF BUSINESS
OR INDUSTRY

8. DATE OF BIRTH

9. AGE last birthday

yrs.

10. MONTHS

11. DAYS

12. HOURS

13. MINUTES

10. BIRTHPLACE (State or foreign country)

11. TURNER DUGLAS W.VA.

12. CITIZEN OF WHAT
COUNTRY? **U.S.**

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

502.1 IMMEDIATE CAUSE(A) **Aspiration of Vomitus**

ANTECEDENT CAUSE(S) DUE TO

(B) **Brach. t., mid**DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST. DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**10 minutes**

24 hrs

DEPARTMENT OF HEALTH - SANITATION

CERTIFICATE OF DEATH

DECEASED

1/15

DECEASED

DECEASED

CAPTION

CAPTION

DEC 15

24662

24662

1955

2005-13-1955

1955 DECEMBER

DECEASED LOCATED

1955 DECEMBER

WATER, WASH

1955 DECEMBER

DECEASED CAPTION

BUREAU V. S.

DEC 15 1955

834

RECEIVED

DEC 11 1955 DEPARTMENT OF HEALTH - SANITATION

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12562

CERTIFICATE OF DEATH

12001

Reg. Dist. No. 166

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Garrett		MARYLAND		STATE Maryland COUNTY Garrett	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Mt. Lake Park,		LENGTH OF STAY (in this place) 17 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lake Park	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. S. Mt. Lake Park		STREET ADDRESS 2 Mi. S. Mt. Lake Park		(If rural give location)	
3. NAME OF DECEASED (Type or Print) Kenneth N. Swick			4. DATE OF DEATH Dec. 31, 1955		
S. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 7, 1867	9. AGE last birthday 88 yrs.	IF UNDER 1 YEAR Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Track Forman			10b. KIND OF BUSINESS OR INDUSTRY Railroad Co.	11. BIRTHPLACE (State or foreign country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Nimrod Swick			14. MOTHER'S MAIDEN NAME Jane Thorn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS Mrs. J. B. King Mt. Lake Park,	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Art. C. V. D. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) with Heart Failure GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Md. years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. chr. Bronchitis & Senility					
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, lecery, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>21 May 1955</u> , to <u>2 Oct 1955</u> , that I last saw the deceased alive on <u>2 Oct 1955</u> , and that death occurred at <u>2:00 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Thomas J. Cusby</u> M.D. ADDRESS (Street, city, town, state) <u>Oakland and</u> DATE SIGNED <u>1/2/56</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/3/1956	NAME OF CEMETERY OR CREMATORIAL King Cemetery	LOCATION (City, town, or county) Near Mt. Lake Park, Md.	
24. REC'D BY REGISTRAR DATE 1/2/56		REGISTRAR'S SIGNATURE <u>John Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herbert C. Wright</u> Oakland, Md.		

CERTIFICATE OF DEATH

DEATH CERTIFICATE

BUREAU V. S.

JAN 9 1950

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11992
(11992)

12002 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Maryland		COUNTY Garrett	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
X Rural Deer Park		1 month		TOWN Oakland		TOWN Oakland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		(If rural give location)		STREET ADDRESS	
2 Mi. S. Deer Park		Eighth Street				1	
3. NAME OF DECEASED (First) Luther (Middle) Sherman (Last) Warnick				4. DATE (Month) Dec. 4, (Day) 1955 (Year)			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 21, 1885	9. AGE last birthday 70	10. KIND OF BUSINESS OR INDUSTRY Roads Garage	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith				11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Bouse Warnick	14. MOTHER'S MAIDEN NAME Clarcie Beaver
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 219-14-6781		17. INFORMANT & ADDRESS Luther Warnick, Deer Park, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>442</i> IMMEDIATE CAUSE (A) <i>Acute myocardial infarction</i> ANTECEDENT CAUSE(S) DUE TO <i>Cardio-vascular renal disease with</i> DISEASES OR CONDITIONS, IF ANY, (B) <i>edema</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept. 1, 1955</i> to <i>Dec. 4, 1955</i>, that I last saw the deceased alive on <i>Dec. 4, 1955</i>, and that death occurred at <i>2:45 A.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>Ralph Colandella</i> M.D. <i>Kensville, Md.</i> DATE SIGNED <i>Dec. 5-55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 12/6/1955		NAME OF CEMETERY OR CREMATORIUM Turner Cemetery		LOCATION (City, town, or county) Garrett Co., Md. (State)	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <i>Julie G Rawson</i> ADDRESS							
25. FUNERAL DIRECTOR'S SIGNATURE <i>Herbert C. Keayton</i> ADDRESS <i>Oakland, Md.</i>							
DATE <i>12/5/55</i> LR							

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11993

12003

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Garrett</i> CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Oakland</i> HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>90 Weeks nursing Home</i>		MARYLAND LENGTH OF STAY (in this place) <i>172 mos</i> STATE <i>W. Va.</i> COUNTY <i>Preston</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>CRANESVILLE</i> STREET ADDRESS <i>85x-3</i> (If rural give location) <i>WVVA</i>	
3. NAME OF DECEASED (First) <i>ABRAHAM</i> (Middle) <i>WILHELM</i> (Last)		4. DATE (Month) (Day) (Year) OF DEATH <i>Dec 5 1955</i>	
S. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Aug 27 1862</i>
9. AGE last birthday <i>93 yrs.</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>CARPENTER</i>		11. BIRTHPLACE (State or foreign country) <i>CRANESVILLE, WVA</i>
12. CITIZEN OF WHAT COUNTRY? <i>CRANESVILLE, WVA</i>		13. FATHER'S NAME <i>JONATHAN WILHELM</i>	
14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>19</i> (Yes, no, or unk.) (If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT & ADDRESS <i>BERLIN WILHELM</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE <i>443x</i> (A) <i>Heart Failure</i> INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO <i>Hypertensive + arteries destrc</i> ONSET AND DEATH DISEASES OR CONDITIONS, IF ANY, (B) <i>cardio vascular disease</i> <i>4 or minutes</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <i>years</i> (C) <i>Senility - chronic cystitis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION <i>12-5-55</i>		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) <i>215R</i> (County) <i>Oakland</i> (State) <i>WV</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED M. While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-21, 1955</i> , to <i>12-5, 1955</i> , that I last saw the deceased alive on <i>12-5, 1955</i> , and that death occurred at <i>2:05 PM</i> , from the causes and on the date stated above. SIGNATURE <i>Thomas S. Gandy</i> M.D. ADDRESS (Street, city, town, state) <i>Oakland, Md 5dec55</i> DATE SIGNED <i>12-5-55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>REMOVAL</i>		DATE THEREOF <i>12/8/55</i> NAME OF CEMETERY OR CREMATORIAL <i>CRANESVILLE</i> LOCATION (City, town, or county) <i>CRANESVILLE</i> (State) <i>WV</i>	
24. REC'D BY REGISTRAR <i>Jules A. Roway</i> DATE <i>12/7/55</i>		REGISTRAR'S SIGNATURE <i>Jules A. Roway</i> 25. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. BROWNING</i> ADDRESS <i>WVVA</i>	

CERTIFICATE OF DEATH

109

- DATE OF DEATH -

- PLACE OF DEATH -

- NAME OF DOCTOR OR NURSE -

- NAME OF HOSPITAL -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

MAY

- DATE OF DEATH -

- PLACE OF DEATH -

- NAME OF DOCTOR OR NURSE -

- NAME OF HOSPITAL -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

- NAME OF COUNTRY -

- NAME OF CITY -

- NAME OF STATE -

BUREAU V. S.

DEC 15 1955

RECEIVED

112/15